WEST VIRGINIA LEGISLATURE 2022 REGULAR SESSION

Committee Substitute

for

Senate Bill 568

By Senator Roberts

[Originating in the Committee on Banking and

Insurance; reported on February 16, 2022]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §33-16-3c; to amend said code by adding thereto a new section, designated §33-24-6a; to amend said code by adding thereto a new section, designated §33-25-10a; and to amend said code by adding thereto a new section, designated §33-25A-7b, all relating to health insurance loss ratio information; defining term; and requiring disclosure of loss ratio information upon request.

Be it enacted by the Legislature of West Virginia:

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-3c. Loss ratio.

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- If an insurer considers a loss ratio at the time of renewal of a policy, the insurer shall, upon request of an insured, provide the loss ratio and the components of the loss ratio calculation to the insured no more than 90 days but no less than 60 days before the renewal date of the policy. For purposes of this section, "loss ratio" means the total losses paid out in medical claims divided by the total earned premiums.
 - ARTICLE 24. HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS, AND HEALTH SERVICE CORPORATIONS.

§33-24-6a. Loss ratio.

If a corporation considers a loss ratio at the time of renewal of a policy, plan, or contract, the corporation shall, upon request of an insured or subscriber, provide the loss ratio and the components of the loss ratio calculation to the insured or subscriber no more than 90 days but no less than 60 days before the renewal date of the policy, plan, or contract. For purposes of this section, "loss ratio" means the total losses paid out in medical claims divided by the total earned premiums.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-10a. Loss ratio.

- 1 If a corporation considers a loss ratio at the time of renewal of a policy, plan, or contract,
- 2 the corporation shall, upon request of a subscriber, provide the loss ratio and the components of
- 3 the loss ratio calculation to the subscriber no more than 90 days but no less than 60 days before
- 4 the renewal date of the policy, plan, or contract. For purposes of this section, "loss ratio" means
- 5 the total losses paid out in medical claims divided by the total earned premiums.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-7b. Loss ratio.

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If a health maintenance organization considers a loss ratio at the time of renewal of a policy, plan, or contract, the health maintenance organization shall, upon request of a subscriber, provide the loss ratio and the components of the loss ratio calculation to the subscriber no more than 90 days but no less than 60 days before the renewal date of the policy, plan, or contract. For purposes of this section, "loss ratio" means the total losses paid out in medical claims divided by the total earned premiums. For purposes of this section, "subscriber" does not include a subscriber or beneficiary of any policy, plan, or contract approved by the Bureau of Medical Services of the Department of Health and Human Resources and entered into by a health maintenance organization with Medicaid or the Children's Health Insurance Program.